

<i>SERFF Tracking Number:</i>	<i>HUMA-126755371</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46402</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>LTC Claims Denial Report</i>		
<i>Project Name/Number:</i>	<i>LTC Claims Denial Report/</i>		

Filing at a Glance

Company: Kanawha Insurance Company	SERFF Tr Num: HUMA-126755371	State: Arkansas
Product Name: LTC Claims Denial Report	SERFF Status: Closed-Filed	State Tr Num: 46402
TOI: LTC03I Individual Long Term Care	Co Tr Num:	State Status: Closed
Sub-TOI: LTC03I.003 Other		Reviewer(s): Marie Bennett, Harris Shearer
Filing Type: Form	Author: Margaret Dyches	Disposition Date: 08/11/2010
	Date Submitted: 08/05/2010	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: LTC Claims Denial Report	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/11/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/11/2010
Deemer Date:	Created By: Margaret Dyches
Submitted By: Margaret Dyches	Corresponding Filing Tracking Number:
Filing Description:	
LTC Claims Denial Report	

Company and Contact

Filing Contact Information

Margaret Dyches, Compliance Analyst	mdyches4@humana.com
210 South White Street	803-283-5442 [Phone]
Lancaster, SC 29720	

Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
---------------------------	---------------	-----------------------------------

SERFF Tracking Number: HUMA-126755371 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46402
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: LTC Claims Denial Report
Project Name/Number: LTC Claims Denial Report/
210 South White Street Group Code: 119 Company Type:
Lancaster, SC 29721 Group Name: State ID Number:
(800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$0.00	08/05/2010	

<i>SERFF Tracking Number:</i>	<i>HUMA-126755371</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46402</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>LTC Claims Denial Report</i>		
<i>Project Name/Number:</i>	<i>LTC Claims Denial Report/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	08/11/2010	08/11/2010

<i>SERFF Tracking Number:</i>	<i>HUMA-126755371</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46402</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>LTC Claims Denial Report</i>		
<i>Project Name/Number:</i>	<i>LTC Claims Denial Report/</i>		

Disposition

Disposition Date: 08/11/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-126755371</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46402</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>LTC Claims Denial Report</i>		
<i>Project Name/Number:</i>	<i>LTC Claims Denial Report/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Partnership Certification		Yes
Supporting Document	AR LTC Claims Denial Form		Yes

SERFF Tracking Number:	HUMA-126755371	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	46402
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.003 Other
Product Name:	LTC Claims Denial Report		
Project Name/Number:	LTC Claims Denial Report/		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A Report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A Report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A Report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A Report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	LTC Partnership Certification		
Bypass Reason:	N/A Report		
Comments:			
		Item Status:	Status Date:

<i>SERFF Tracking Number:</i>	<i>HUMA-126755371</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46402</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>LTC Claims Denial Report</i>		
<i>Project Name/Number:</i>	<i>LTC Claims Denial Report/</i>		
Satisfied - Item:	AR LTC Claims Denial Form		
Comments:			
Attachment:			
	AR Claims Denied Reporting Form.pdf		

Long-Term Care Insurance Claims Denial Reporting Form

For the State of Arkansas

For the Reporting Year of 2009

Company Name Kanawha Insurance Company Due: June 30 annually

Company Address: 210 South White Street, Lancaster, SC 29720

Company NAIC Number: 65110

Company Person: Margaret Dyches Phone Number: 800-635-4252
Ext. 5442

Line of Business: X Individual Group

Instructions

The purpose of this form is to report all long-term claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	119	54,937
2	Total Number of Long-Term Care Claims Denied/Not Paid	57	12,912
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	46	1989
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	11	10,923
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	9%	20%
7	Number of Long-Term Care Claims Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy ²	0	8,298
9	• Provider/Facility Not Qualified under the Policy ³	0	6
10	• Benefit Eligibility Criteria Not Met ⁴	3	490
11	• Other Duplicate Claims	8	2,129

¹ The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

² Example—home health care claim filed under a nursing home only policy.

³ Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

⁴ Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.